he Reproductive and Child Health Programme under World Bank ITF Credit No. 018-IN. In addition, the World Bank has also provided assistance of Rs. 386.97 crores under IDA Credit No. 3340 for Immunization Strengthening Project which is also being implemented as a part of the overall RCH Programme.

(c) and (d) Population growth is influenced by a variety of factors including many not directly related to provision of health services. The Reproductive and Child Health Programme indirectly influences the population growth by assuring the survival of children and mothers, and thereby reducing the level of wanted fertility.

The annual population growth rate has declined from 1.83% in 1997, *he year in which RCH Programme was launched,to 1.70% (provisional) in 2001, whereas the crude birth rate has, during the same period, de-dined from 27.2% to 25.4% (provisional), as per results of Sample Reg-stration Surveys released by Registrar General of India.

AIIMS forcing poor patients to buy medicines

3941. SHRIMATIBIMBA RAIKAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the All-India Institute of Medical Sciences, a premier referral hospital in the country, is forcing poor patients to buy their own medicines and kits like injection syringes, gauze, intravenous drips and basic medicines which are considered essential supplies;

(b) whether the AIIMS runs a generous Employees Health Scheme for its staff for which hospital medical stocks are diverted;

(c) if so, whether audit or inspection has been conducted in this regard; and

(d) if so, the findings thereof ?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) Subject to financial allocation, poor patients are provided medicines and kits like injection syringes, gauze, intravenous drips and basic medicines. Poor patients are also assisted through National Illness Relie.f Fund, Health Minister's discretionary grant and funds received from philanthropist organisations.

(b) AIIMS has an Employee Health Scheme (EHS) in the same line to that of Central Government Health Scheme (CGHS), under which the EHS beneficiary patients are provided all the requisite medicines and surgical items.

(c) and (d) The audit of Employee Health Scheme is periodically being earned out, alongwith other departments/sections by statutory audit and the observations, if any, are taken care of by the Institute.

Malaria problematic towns in Maharashtra

3942. SHRI B. P. APTE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have identified hard core malaria districts and malaria problematic towns in Maharashtra;

(b) if so, the details thereof; and

(c) the steps Government propose to take to eradicate malaria from such areas of the States?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b) Yes, Sir, Navi Mumbai and 15 districts namely Ahmednagar, Amravati, Bhandara, Chandrapur, Dhule, Gadchiroli, Jalgaon, Nagpur, Nanded, Nasik, Palghat, Pune, Raigarh, Thane and Yavatmal have been identified as hardcore malaria areas in the State of Maharashtra.

(c) For control of malaria and related deaths, National Anti-malaria Programme (NAMP) has been in operation in the country as a Category-ll Centrally Sponsored Scheme. The Central Govt, provides assistance to the States in the form of drugs, insecticides and larvicides. In addition, an Enhanced Malaria Control Project (EMCP) with World Bank support in predominantly tribal areas of 8 States including Maharashtra ' is being implemented for control of Malaria since September, 1997. The strategies for control of malaria are to provide anti-malaria drugs for early treatment through health facilities and community volunteers and integrated vector control which include indoor residual spray in the high risk poGkets in rural areas, laravicides in urban areas, use of insecticide treated bednets, larvivorous fish and environmental measures.

Survey on number of fake doctors.

3943. DR. C. NARAYANA REDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Indian Medical Association has conducted any survey on the number of fake doctors in the country;